



Resolution of the Missoula City-County Board of Health
Supporting Targeted Case Management Services for High-Risk Pregnant Woman and Children with
Special Health Needs
January 18, 2018

Whereas, pregnancy, infancy, and early childhood are the most opportune times for preventing health conditions which may otherwise develop into lifelong health problems and high costs to society; and,

Whereas, in the United States, the risk for death among infants is 76% higher than in other wealthy countries in the most recent decade studied, and the risk for death is 57% higher for youths aged 1 to 19 years; and,

Whereas, Missoula County, as the second-most populated county in Montana, has one of the state's largest populations of high-risk pregnant women and children with special health needs; and,

Whereas, home visiting, including the targeted case management (TCM) component, brings professional services into the places where health problems originate and can be prevented – the family home, schools, and shelters; and,

Whereas, the Missoula City-County Health Department (MCCHD) has served as the primary provider of TCM services for about three decades, serving 533 Missoula families through 3,918 visits and encounters in 2017; and

Whereas, MCCHD provides education, community referrals, early assessment, developmental screenings and care planning and coordination and, maintains the strong informal and formal working relationships with health care providers and community partners that are essential for achieving the earliest possible intervention and positive early child health outcomes;

Whereas, MCCHD, as Missoula's public health agency, serves as a first-line recipient of referrals from local health care providers, Child Protective Services, schools, the justice system, the Office of Public Assistance, social service agencies and our local citizens looking for help for their kin and neighbors; and,

Whereas, Missoula County's residents, agencies, health care providers, and government are struggling with eliminated and reduced services such as mental health case management, and persons looking for these services are being diverted to MCCHD; and,

Whereas, TCM revenue reimburses only a portion of its costs, TCM revenue is integral to leveraging additional local resources for this young, high-risk Medicaid population; and,

Whereas, MCCHD's evidence-based home visiting programs, by state-encouraged design, rely in part on TCM revenues to support sustainability; and,

Whereas, reduction of the budget related to other state cuts and TCM revenue losses reduces MCCHD's capacity to accept community referrals and reduces the number of clients who can be served; and,

Whereas, TCM reductions are, counterproductively, occurring at a time when the number of children removed from the home due to substance abuse and the numbers needing services is growing; and,

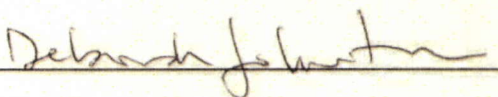
Whereas, TCM is a key intervention for implementing the Montana Initiative for the Abatement of Mortality in Infants Act (MIAMI) ⁱⁱ and,

Whereas, the Missoula City-County Health Board's Mission is to build conditions that support the health of people, environments, and communities;

Now, therefore be it resolved that the Missoula City-County Board of Health strongly advocates for retaining reimbursable targeted case management services for high-risk pregnant women and children and youth with special health care needs in a configuration that supports:

- Existing low-barrier referral patterns between local health care providers and community agencies, including child and family services, and MCCHD; and,
- Eligibility criteria that allow for assessment and intervention at the earliest stages of life **before** lifelong and more costly conditions, such as abuse, neglect, developmental delays, and chronic health problems, develop; and,
- The significant local investment in building competent targeted case management teams and partnerships; and,
- Recognition that home visiting, particularly by a team with a specially-trained public health nurse, social worker, and nutritionist, is an integral part of TCM for the maternal and child population; and,
- Recognition that TCM as part of home visiting brings intervention into the very places – homes, schools, shelters and other community settings – that have the most impact on the health of developing children; and,
- Recognition that the health outcomes targeted case management should address go beyond a narrow focus of physical health and include the nutritional, developmental, and behavioral health needs of these vulnerable populations; and
- An eligibility and reimbursement system that brings clarity to local providers before local costs are incurred or referrals are made or accepted – being necessary to both continuity of care and local ability to sustain the service.

PASSED AND ADOPTED this 18th day of January, 2018



Debbie Johnston, Acting Chair

ⁱ Health Affairs, January 8th online posting: <https://www.medscape.com/viewarticles/891099>

ⁱⁱ MCA Title 50, Chapter 19